DOCUMENT RESUME

ED 122 499 EC 082 877

AUTHOR Mc Govern, Jill E.
TITLE Identification of Learning Disabled Students: Diagnosing in the Preschool and Primary Grades.
PUB DATE Apr 76
NOTE 10p.; Paper presented at the Annual International Convention, the Council for Exceptional Children (54th, Chicago, Illinois, April 4-9, 1976); Best Available Copy

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Diagnostic Tests; Exceptional Child Education; *Identification; *Interdisciplinary Approach; *Learning Disabilities; Preschool Education; Primary Education; Rating Scales; Screening Tests

ABSTRACT

Principles of the identification of learning disabled students in the preschool and primary grades are discussed in terms of parent and teacher observation, mass screening, and interdisciplinary diagnosis involving medical, psychological, speech and language, and educational assessments. Also included is a rating scale to evaluate auditory, visual, speech and language, motor, and behavioral functioning. (DB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED122499

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Diagnosing in the Preschool and Primary Grades[1]

Jill E. McGovern, Ph.D
The College of Charleston

BEST COPY AVAILABLE

[1]Presented at the Division for Children with Learning Disabilities Program, CEC 54th Annual Conference, Chicago, April 6, 1976.

EC 08 28 77

+21

Diagnosing in the Preschool and Primary Grades

Identification. The first step in the evaluation process, identification of learning disabled students and their subsequent diagnosis and treatment, is dependent upon early observation and awareness of specific functions in the individual child. The key persons involved in the identification process are the parent and the educator. The parent, as the primary observer and teacher, serves as a valuable source of information about the child during the pre-, peri- and postnatal periods as well as during the critical first years of development. The teacher, suggests Lovitt (1967), is the key to early identification of the learning disabled child as he functions in the educational setting.

Within the school environment, an initial step in identification would be a screening procedure at least at the kindergarten level. A number of screening devices (High, 1973; Kirk, W., 1966; Myklebust, 1971; Peterson, 1970; and Valett, 1968) have been developed to identify the child with possible learning disabilities. Such screening instruments serve to filter out as early as possible those children who reveal deficits in those areas of development upon which success in school is based.

Diagnosis. The second step in the evaluation process is concerned with an in-depth diagnosis of the child. The art of diagnosis has followed several trends during the past two centuries. One method of diagnosis, utilized in the 19th century was diagnosis by moral precepts. A child fit neatly into two of four categories: good or bad, smart or dumb.

Another method of diagnosis, a practice of more recent years was diagnosis by fad. When the term dyslexia enjoyed a vogue in the 1950's and early 1960's, great numbers of school-age children were identified as dyslexic. Somehow dyslexia occurs almost exclusively between the ages of five and seventeen and only in societies where a premium is placed upon literacy. (In this sense, dyslexia is a social disease, in nonliterate societies, there is no dyslexia). When psychoanalysis was popular, fear of the reading process and of certain letters was perceived as the underlying cause of problems in reading, particularly in boys. The current method of diagnosis is by funding. Present HEW guidelines have almost forced administrators of programs for the learning disabled to become bounty hunters.

Diagnosis, in recent years, has evolved to a sophisticated and thorough process based on an interdisciplinary team approach. Information is pooled from the particular perspective of each professional on the team and recommendations for treatment are made on the basis of the shared knowledge.

A diagnostic team has a minimum of four members: a pediatrician, a psychologist, a speech clinician and an educator, and may draw upon the resources of other professionals such as the medical specialist, the school nurse, the psychiatric social worker, the school principal and the resource teacher. The medical assessment, including several kinds of histories as well as physical examinations, relies heavily on input from the parent. The parent provides information about such items as developmental milestones and early maternal nursing practices.

One study being conducted at present (Billings and McGovern, 1976) suggests that early maternal nursing practices may correlate with the presence of hyperactivity in learning disabled children.

Within the sphere of the speech and language assessment, early tests of language ability may pinpoint gaps in the sequential language development suggested by Myklebust (1960). (See attachments)

The general hypothesis underlying the interest in auditory perception is that some range of auditory skills may be prerequisite for able reading. Deutsch, C. (1964) suggested that a particular minimum level of auditory discrimination skill, for example, may be necessary for the acquisition of reading and of general verbal skills. Another skill, auditory sequential memory, may also be a critical one in the battery of auditory skills. Golden and Steiner (1969) hypothesized that the lack of accurate memory of the sequence of sounds may be a factor which affects reading progress in general and the acquisition of word attack skills in particular. Still another skill, that of auditory blending, seems to be positively related to success in beginning reading, according to MacGinitie (1967). In a study of auditory blending ability as a factor in success in beginning reading, it was found that blending ability has a significant relationship to reading achievement, especially as it relates to word recognition and analysis (Chall, Roswell & Blumenthal, 1963).

The auditory language ability of culturally different pupils and of learning disabled pupils within that category, to a greater extent, appears to be impaired. Within this framework of deficiency in auditory perception, as measured in this investigation, the skill of auditory sequential memory seems to be the least deficient and the skill of sound blending seems to be the most deficient.

Consequently, the transition from auditory expressive language to visual receptive language on Myklebust's developmental hierarchy of language is impeded.

As Lovitt (1967) has suggested, the teacher is the key observer and therefore perhaps the most important member of the diagnostic team. Although case histories and standardized tests of psychological, linguistic, educational development are valuable to the the practitioner, the most useful tool is perhaps the informal evaluation. A profile of abilities enables the educator to assess the child's functioning in a number of critical areas and to plan instructional intervention, as early as possible, on an individual basis, for those areas of deficiency. Examples of these specific functions may be observed in activities common to most early childhood programs. A reading of the profile enables educator, to note general areas of strength and weakness as well as to pinpoint specific deficits.

It is hoped that early identification and careful diagnosis of LD students in the preschool and primary grades will result in intervention and treatment so that the eduational experience is a positive and successful one for these students.

IDENTIFICATION OF LEARNING DISABLED STUDENTS

Diagnosis in the Preschool and Primary Grades

Jill E. McGovern, Ph.D.
The College of Charleston
Charleston, South Carolina

I. THE EVALUATION PROCESS

A. IDENTIFICATION

1. Parent observation
2. Teacher observation
3. Mass screening
   a. High, C. Pupil Behavior Rating Scale
   b. Kirk, W. A Teacher's Estimate of Kindergarten Pupils' Abilities
   c. Myklebust, H. The Pupil Rating Scale
   d. Peterson, W. A Program for Early Identification of Learning Disabilities
   e. Valett, R. A Psychoeducational Inventory of Basic Learning Abilities

B. DIAGNOSIS -- A TEAM APPROACH

1. Medical assessment

   a. Birth history

   b. Developmental history

   c. Family and social history

   d. Examinations

      (1) General

      (2) Specialized as indicated

2. Psychological assessment

   a. Intelligence tests

   b. Visual-motor-perceptual tests

   c. Social development and personality tests

3. Speech and language assessment

   a. Articulation tests

   b. Motor speech tests

   c. Language ability tests

4. Educational assessment

   a. Academic history

   b. Achievement tests

   c. Math tests

   d. Reading tests

   e. Informal evaluation

C. PLACEMENT AND INSTRUCTION

A PROFILE OF ABILITIES

Assess the child on each behavior according to the following scale:

1 - Poor, lacking specific behavior
2 - Below average
3 - Average, adequate behavior
4 - Above average
5 - Superior, exceptional behavior

Circle the appropriate number and connect the numbers vertically to obtain the profile of abilities

I.	AUDITORY FUNCTIONS	
	A. Ability to follow oral directions	1 2 3 4 5
	B. Ability to associate sounds	1 2 3 4 5
	C. Ability to retain auditory information	1 2 3 4 5
	D. Ability to blend sounds to form words	1 2 3 4 5
	E. Comprehension of word meaning	1 2 3 4 5
	F. Comprehension of conversations and discussions	1 2 3 4 5
II.	VISUAL FUNCTIONS	
	A. Ability to recognize objects and pictures	1 2 3 4 5
	B. Ability to recognize colors and shapes	1 2 3 4 5
	C. Ability to associate colors, objects and pictures	1 2 3 4 5
	D. Ability to retain visual information	1 2 3 4 5
	E. Ability to complete incomplete pictures, shapes, numerals, letters and words	1 2 3 4 5
III.	SPEECH AND LANGUAGE FUNCTIONS	
	A. Ability to use words, phrases or sentences	1 2 3 4 5
	B. Ability to use grammar	1 2 3 4 5
	C. Ability to use sentence structure	1 2 3 4 5
	D. Ability to relate experience or tell a story in sequence	1 2 3 4 5
	E. Ability to formulate ideas	1 2 3 4 5
IV.	MOTOR FUNCTIONS	
	A. General coordination	1 2 3 4 5
	B. Balance and posture	1 2 3 4 5
	C. Manual dexterity	1 2 3 4 5
	D. Ability to execute purposeful movements	1 2 3 4 5
	E. Ability to imitate actions	1 2 3 4 5
	F. Ability to pantomime familiar actions	1 2 3 4 5
	G. Spatial orientation	1 2 3 4 5
	H. Judgment of relationships	1 2 3 4 5
	I. Awareness of body and body parts	1 2 3 4 5
V.	BEHAVIORAL FUNCTIONS	
	A. Attention	1 2 3 4 5
	B. Ability to organize	1 2 3 4 5
	C. Ability to cope with new situations	1 2 3 4 5
	D. Ability to accept responsibility	1 2 3 4 5
	E. Ability to complete tasks	1 2 3 4 5
	F. Cooperation	1 2 3 4 5
	G. Social acceptance	1 2 3 4 5
	H. Social skills	1 2 3 4 5
	I. Self concept	1 2 3 4 5

DIAGNOSIS OF LEARNING DISABLED STUDENTS
IN THE PRESCHOOL AND PRIMARY GRADES

A Brief Bibliography

Bannatyne, A. Diagnosing learning disabilities and writing remedial prescriptions. Journal of Learning Disabilities, 1968, 1, 28-34.

Faas, L. A. Learning disabilities. Boston: Houghton Mifflin Co., 1976.

Gearheart, B. R. Learning disabilities: educational strategies. St. Louis: C. V. Mosby Co., 1973

Haring, N. G. (Ed.) Behavior of exceptional children. Columbus, Ohio: Charles E. Merrill Publishing Co., 1974.

Kirk, S. and Kirk, W. Psycholinguistic learning disabilities: diagnosis and remediation. Urbana, Illinois: University of Illinois Press, 1971.

Kirk, W. A. A tentative screening procedure for selecting bright and slow children in kindergarten. Exceptional Children, 1966, 4 (33), 235-241.

Lovitt, T. C. Assessment of children with learning disabilities. Exceptional Children, 1967, 34, 233-240.

Myers, P. and Hammill, D. Methods for learning disorders. New York: John Wiley & Sons, Inc., 1976.

Myklebust, H. R. The pupil rating scale. New York: Grune and Stratton, 1971.

Peterson, W. A program for early identification of learning disabilities. Seattle: Special Child Publications, 1970.

Smith, R. [illegible] Teacher diagnosis of educational difficulties. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Valett, R. E. A psychoeducational inventory of basic learning disabilities. Palo Alto: Fearon Publisher, 1968.

Valett, R. E. Effective teaching: a guide to diagnostic prescriptive task analysis. Palo Alto: Fearon Publishers, 1970.

Wallace, G. and Kauffman, J. M. Teaching children with learning problems. Columbus, Ohio: Charles E. Merrill Publishing Co., 1971.

Waugh, K. W. and Bush, W. J. Diagnosing learning disorders. Charles E. Merrill Publishing Co., 1971.

Woodbury, C. A. The identification of underachieving readers. Reading Teacher, 1963, 16, 218-223.